

540411

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	1	45	2/5
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 -: ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	6/27/02
2	3/19/03
3	
4	
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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